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Document Description: Petition to withdraw attorney or agent (SB83)

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APR 06

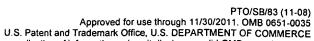
REQUEST FOR WITHDRAWAL **MAS ATTORNEY OR AGENT** AND CHANGE OF ORRESPONDENCE ADDRESS

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Application Number	09/917,112
Filing Date	07/27/2001
First Named Inventor	FURNAS
Art Unit .	2624
Examiner Name	LU, TOM-Y
Attorney Docket Number	LKJ-162A

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
Please withdraw me as attorney or agent for the above identified patent application, and							
all the practitioners of record;							
the practitioners (with registration numbers) of record listed on the attached paper(s); or							
the practitioners of record associated with Customer Number:							
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.							
The reason(s) for this request are those described in 37 CFR:							
10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)							
10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iv)							
10.40(c)(1)(v)							
10.40(c)(4) 10.40(c)(6) Please explain below:							
Certifications							
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.							
1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.							
2. / I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.							
3.							
Please provide an explanation, if necessary:							

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS								
Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.								
Change the correspondence address and direct all future correspondence to:								
A. The address of the inventor or assignee associated with Customer Number:								
OR								
B. Inventor or Assignee name Joe E Erway								
Address 8861 Curragh Downs Drive								
City Fair Oaks		State CA	Zip 95628			Country USA		
Telephone	ne (916) 296-5630 Em			nail erwayj@comcast.net				
I am authorized to sign on behalf of myself and all withdrawing practitioners.								
Signature Clamk K Jadan								
Name	Leland K Jordan			Registration No. 36,650				
Address 548 Hodgson Cir								
City Wes	City West Grove State PA		Zip 1939	Zip 19390		Country USA		
Date	April 2, 2009			Telephone No. 484-667-8466				

NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]
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